## Oklahoma Department of Corrections Employee/Media Contact Form

Employee Name (PRINT)	Date	Job Title
Regular Days Off	Regular Scheduled Work Hours	Facility/Unit
Name of Media Personnel and news ou	ttlet (i.e., newspaper, etc.)	nterview/contact
Was the contact with media (check one	e) ( ) planned or ( ) spontaneous?	
Provide a description of contact why:	t with media to include what happene	ed, when, where, how and
Employee Signature:		
***Return form to facility/unit he of Corrections Public Informatio	ead or designee to be forwarded to to manager.	he Oklahoma Department
Signature of Facility/Unit Head	 	